

Volunteer Internship Program

Volunteer Internship Program “VIP” is a community program that rewards students ages 12-14 with volunteer opportunities that expose them to the world of work.

Who’s Eligible?

City of Rochester youth currently enrolled in high school, ages 12-14, who have a 2.0 (“C” average) or higher GPA for the current parking period, have minimum 90% school attendance for the year, and have not had a long-term (five days or more) suspension during the school year.

Where to Apply?

Youth Services
80 Commercial Street
Rochester, NY 14614
585-428-6448

OFFICE USE ONLY

Date Received _____ Staff Initials _____

Application approved: ☐ Yes ☐ No

If no, reason: ☐ GPA ☐ Attendance ☐ Long Term Suspension

Other _____

PERSONAL INFORMATION (print in ink)

NAME LAST FIRST MIDDLE

DEMOGRAPHIC INFORMATION (PLEASE CHECK THE APPROPRIATE DESCRIPTION) SEX: M F

ARE YOU HISPANIC? YES NO
RACE: CAUCASIAN (WHITE) BLACK ASIAN
NATIVE HAWAIIAN/PACIFIC ISLANDER NATIVE AMERICAN OR ALASKAN NATIVE

ADDRESS HOUSE # STREET CITY STATE ZIP

TELEPHONE # () ALT/MSG# ()

EMERGENCY CONTACT: EMAIL ADDRESS:

DATE OF BIRTH MONTH DAY YEAR SOCIAL SECURITY #

SCHOOL YOU ARE CURRENTLY ATTENDING CURRENT GRADE
ATTACH A COPY OF MOST RECENT REPORT CARD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES

IF YES, EXPLAIN

DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS? NO YES

DO YOU HAVE ANY ALLERGIES?

WORK HISTORY OR VOLUNTEER EXPERIENCE

PLACE SERVICES PERFORMED SUPERVISOR

ADDRESS DATES: FROM TO

JOB TITLE DUTIES

VOLUNTEER PAID

INTERESTS/ SKILLS/ ABILITIES

LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS:

LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED:

LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS:

ESSAY: WHY SHOULD YOU BE CHOSEN FOR THIS PROGRAM?

Student: I declare that all statements made in this application are true and complete to the best of my knowledge.

Student Signature Date

AUTHORIZATION

SCHOOL ADMINISTRATOR:
This student has at least 90% attendance and no long-term suspensions (5 days or more) this school year plus has a "C" average or better for the current marking period.

Name / Signature Title Phone # Date

PERMISSION SLIP

I, hereby give permission for the Youth Training Academy Program to record the image and/or voice of my child,
for brochures, websites or promotional materials. I understand that I will not be inform or
reimbursed for such photographs or videos.

Parent/Guardian Signature Date

BEFORE TURNING IN YOUR APPLICATION BE SURE:

- IT IS FILLED OUT IN INK
- IT IS SIGNED BY:
YOU
PARENT OR GUARDIAN
SCHOOL ADMINISTRATOR
- A COPY OF THE MOST RECENT REPORT CARD IS ATTACHED
- RESUME (IF YOU HAVE ONE) IS ATTACHED

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6448.